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PATENT APPLICATION SERIAL NO. _____

U.S. DEPARTMENT OF COMMERCE
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FEE RECORD SHEET

12/04/2003 STEUREL1 00000075 10725508>

01 FC:1001

770.00-0P-

Adjustment date: 01/22/2004 EEKUBAY1

12/04/2003 STEUREL1 00000075 10725508

01 FC:1001

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01/22/2004 EEKUBAY1 00000009 10725508

01 FC:2001

385.00 0P

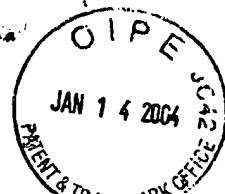
Repln. Ref: 01/22/2004 EEKUBAY1 0010063600

DAO:501281 Name/Number:10725508

FC: 9204

\$385.00 CR

PTO-1556
(5/87)



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2004 JAN 16 PM 2:00

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PTO/SB/21 (08-03)

Approved for use through 08/30/2003. OMB 0651-0031

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TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

5

Application Number	10/725,508
Filing Date	December 6, 2003
First Named Inventor	Akio KAWAMURA
Art Unit	Unassigned
Examiner Name	Unassigned
Attorney Docket Number	SUGIY0004

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Supplemental Application Data Sheet
<input type="checkbox"/> Information Disclosure Statement	<input checked="" type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name
Joerg-Uwe Szipl
Registration No. 31,799
GRIFFIN & SZIPL, P.C.

Signature

Date

January 14, 2004

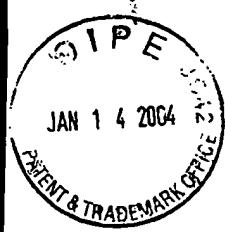
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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In re Patent Application of) Attorney Docket No.: SUIGY0004
Akio KAWAMURA) Confirmation No.: Unassigned
)
Serial No.: 10/725,508) Group Art Unit: Unassigned
)
Filed: December 6, 2003) Examiner: Unassigned
)
For: NO-NEEDLE BLOOD ACCESS) Date: January 14, 2004
DEVICE FOR HEMODIALYSIS

REQUEST FOR REFUND

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

When filing the above-identified application, the filing fee for a large entity was paid. Applicant is a Small Entity, which entitles Applicant to a one-half (1/2) reduction in the filing fee.

Please refund the one-half (1/2) filing fee in the amount of \$385.00 to the undersigned by crediting the same to the deposit account of the undersigned, i.e. Deposit Account No. 50-1281.

Respectfully submitted,

GRiffin & Szipl, PC


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